MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.		FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
7						
8		1				
9		1				
10		2				
11		2				
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TOTAL IND.	2					
TOTAL DEP.	17					
TOTAL CLAIMS	19					

		IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							